10/6/1981

|  |   |  |                       |                    |                                   |                  |      | Application or Docket Number |         |                         |       |                     |                        |  |
|--|---|--|-----------------------|--------------------|-----------------------------------|------------------|------|------------------------------|---------|-------------------------|-------|---------------------|------------------------|--|
|  | PATENT APPLICATION FEE DETERMINATION RECORD |  |                       |                    |                                   |                  |      |                              |         |                         |       |                     |                        |  |
| Effective January 1, 2003  |   |  |                       |                    |                                   |                  |      |                              |         |                         |       |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |  |                       |                    |                                   |                  |      | SMALL<br>TYPE                | ENT     |                         | OR    | OTHER<br>SMALL E    |                        |  |
| TOTAL CLAIMS   |   |  | 20                    |                    |                                   |                  |      | RATE                         |         | FEE                     |       | RATE                | FEE                    |  |
| FOR  |   |  | NUMBER FILED          |                    | NUMBER EXTRA                      |                  |      | BASIC F                      | EE      | 375.00                  | OR    | BASIC FEE           | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |  | Minus 20=             |                    | . 4                               |                  | • .  | X\$ 9=                       |         |                         | OR    | X\$18=              | ' }                    |  |
| INDEPENDENT CLAIMS   |   |  | 3 minus 3 =           |                    | * 48                              |                  |      | X42=                         |         |                         | OR    | X84=                |                        |  |
| ΜUI  | LTIPLE DEPEN                                | DENT CLAIM PR                                  | RESENT                | ·<br>·             | / 0                               |                  |      | +140=                        |         |                         | OR    | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |  |                       |                    |                                   |                  |      | TOTA                         |         | 32K                     | OR    | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II  |   |  |                       |                    |                                   |                  |      | •                            |         |                         | ,     | OTHER               |                        |  |
| 10   | 128104                                      | (Column 1)                                     |                       | (Colu              | mn 2)                             | (Column 3)       |      | SMAL                         | LE      | NTITY                   | OR    | SMALL               |                        |  |
| NT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |                       | PREVI              | BER<br>OUSLY<br>FOR               | PRESENT          |      | RATE                         |         | ADDI-<br>TIONAL<br>FEE  |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| <b>AMENDMENT</b>   | Total                                       | .20  | Minus                 | * 0                | 20                                | = /              |      | X\$ 9                        | =       | / .                     | OR    | X\$18=              |                        |  |
| MEN  | Independent                                 | * 3  | Minus                 | ***                | 3                                 | =/               |      | X42=                         | -       | 1                       | OR    | X84=/               |                        |  |
|  | FIRST PRESE                                 | NTATION OF MI                                  | JLTIPLE DEI           | PENDEN             | TCLAIM                            | (                |      | +140                         |         |                         | OR    | +280=               |                        |  |
|  |   |  |                       | •                  |                                   |                  |      | TO ADDIT. F                  |         |                         | OR    | TOTAL<br>ADDIT, FEE |                        |  |
|  | (Column 1) (Column 2) (Column 3)            |  |                       |                    |                                   |                  |      |                              |         |                         |       | AUDIT. FEL          |                        |  |
| ENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |                       | NUA<br>PREVI       | HEST<br>MBER<br>IOUSLY<br>DFOR    | PRESENT<br>EXTRA |      | RATI                         | E,      | ADDI-<br>TIONAL<br>-FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| ENDMENT  | Total                                       | •  | Minus                 | **                 |                                   | = ,              |      | X\$ 9                        | =       | • :                     | OR    | X\$18=              |                        |  |
| AME  | Independent                                 |  | Minus                 | sind '             | - 0: 1114                         | =                |      | X42                          | =.      |                         | OR    | X84=                |                        |  |
|  | FIRST PRESE                                 | ULTIPLE DE                                     | TIPLE DEPENDENT CLAIM |                    |                                   | ل                | +140 |                              |         | OR                      | +280= |                     |                        |  |
|  | (   |  |                       | •                  |                                   |                  |      | TO                           | TAL     |                         | OR    | TOTAL               |                        |  |
|  | (Column 1)                                  |  |                       |                    | (Column 2) (Column 3)             |                  |      | ADDIT, F                     | · E E E |                         |       | ADDIT. FEE          |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |                       | HIĞ<br>NUI<br>PREV | HEST<br>MBER<br>IOUSLY .<br>D FOR | PRESENT<br>EXTRA |      | RATI                         | E       | ADDI-<br>TIONAL<br>FEE  |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total ·                                     | *  | Minus                 | **                 |                                   | =                |      | X\$.9                        | _       |                         | OR    | X\$18=              | ,                      |  |
|  | Independent                                 | *  | Minus .               | PAR                |                                   |                  |      | X42                          | _       | •                       | OR    | X84=                |                        |  |
|  | FIRST PRESE                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                       |                    |                                   |                  |      | +140                         |         | <u> </u>                | OR    | +280=               |                        |  |
|  | If the entry in colu                        | ımn 1 is less than                             | the entry in col      | umn 2, wr          | ite "0" in co                     | olumn 3.         |      | 1                            | TAL     |                         | ┥     | TOTAL               |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." At ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |  |                       |                    |                                   |                  |      |                              |         |                         | JOR   | ADDIT. FEE          |                        |  |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.